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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Friends of John Barrow			7	
ADDRESS (number and street) PO Box 1001			-	
			_	
CITY, STATE, and ZIP CODE	GA 3090	20		
Augusta 2. NAME OF CANDIDATE	GA 30903 3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATIO	MI NIIIMPED
John J Barrow	House GA 12		C00384735	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
FEDERATION OF AMERICAN HOSPITALS PAC			day, year)	2500.00
750 9TH STREET NW			05/01/2014	2500.00
SUITE 600	Transaction ID : C9711029			
WASHINGTON DC 20001	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
C SHILL NAME MAILING ADDRESS AND 710 CODE	Name of Employer		Date (month,	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount
	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
				Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
SIGNATURE (optional) Tom Bordeaux		DATE 05/02/2014		information contact:
	[Electronically Filed]		999 E Street, N\	lection Commission N, Washington, DC 20463 -9530, Local 202-694-1100

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